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CONSUMER TASK FORCE DECEMBER 9, 2008

EXECUTIVE COMMITTEE MINUTES - NOVEMBER 19,
2008

INVITATION TO LTC INFORMATION FORUM -
INTEGRATED MANAGED LONG-TERM CARE,
DECEMBER 11, 2008

LTC COMMISSION PUBLIC EDUCATION WORKGROUP
CHARGE

INPUT FROM CONSUMER TASK FORCE MEMBERS ON
THE CTF MISSION

SYSTEM CHANGE TOPICS

PROJECT UPDATES

2009 SCHEDULE OF MEETINGS

MEMBER INTEREST FORM

**CONSUMER TASK FORCE
EXECUTIVE COMMITTEE MEETING
NOVEMBER 19, 2008**

ATTENDEES: Laura Hall, RoAnne Chaney, Cyndy Viars, Jane Alexander, Jackie Tichnell

MISSION STATEMENT

- Jackie received no response from the Task Force on input for the mission statement. Laura will send out a reminder to the group asking specific questions about the Task Force. Office staff should participate in the responses, also.
- Responses should be sent to me by December 1, either e-mail, snail mail, or phone.
- The Office needs to determine what the Task Force charge is from the original grant that created it. Jane was going to pursue.
- The flexibility of what the Task Force can do should be determined.

COORDINATION WITH THE LTC COMMISSION

- Laura is having lunch with Andy Farmer, Chair of the LTC Commission to discuss the relationship of the two organizations.
- It was noted that the Task Force has a specific and unique purpose; the LTC Commission workgroup on consumer education does not. The Task Force advises the office on grants and is consumer run. The Commission workgroup advises the Commission and currently does not have many consumers on it.
- We need to be sure there is no duplication of purposes. Given the make-up of the Commission, the consumer voice could be lost if absorbed into the Commission workgroup.
- Jackie will distribute the Commission workgroup charge with the other meeting documents for reference.
- The Task Force may still provide information to the Commission as the true quality of the services is with the person using them.
- The value of the Task Force is what they learn and can pass on to other consumers/stakeholders.

SYSTEM CHANGE

- The ideas from the last meeting will be arranged by theme for easier brainstorming
- This will be an ongoing part of the agenda

OTHER

- We need to determine what other groups the Task Force members are part of and try to get those members to report back to the Task Force on those groups. Jackie will develop some type of short interest form as a resource list of the Task Force members.
- While we do not currently have a budget issue for stipends and other reimbursements, if the Task Force continues to grow at a fast pace, we soon could be. It was determined that the Task Force needs a reimbursement policy and some criteria for "recognizing" those members who could/should be reimbursed. This will be pursued for future use.
- We are deleting the lunch session for December as we are not ready to pursue the interest for funding letter. Laura will let Wendi and Drew know.
- Jackie will attached the 2009 schedule to the documents for the next meeting.
- Jackie will let the staff know that if they want to do a presentation to the Task Force, they need to tell Laura so she can get it on their agenda.



INVITATION

The Long-Term Care Supports and Services
Advisory Commission
Finance Work Group
is hosting an:

INFORMATIONAL FORUM ON INTEGRATED MANAGED LONG-TERM CARE

December 11, 2008 from 2 to 4 PM

State of Michigan Library Auditorium

SPEAKER

Mr. Charles Milligan Jr., J.D., MPH

Charles Milligan is executive director of the Hilltop Institute at the University of Maryland, Baltimore County (UMBC). Formerly, he was vice president of The Lewin Group and Medicaid director for the State of New Mexico. He was a co-author for the recently approved New Mexico CLTS Integrated Acute & LTC waiver. He holds a law degree from Harvard Law School and a master of public health degree from the University of California, Berkeley.

To provide an opportunity for questions to be answered, please e-mail
your questions by December 9, 2008 to: curtnerr@mi.gov

Save the Date

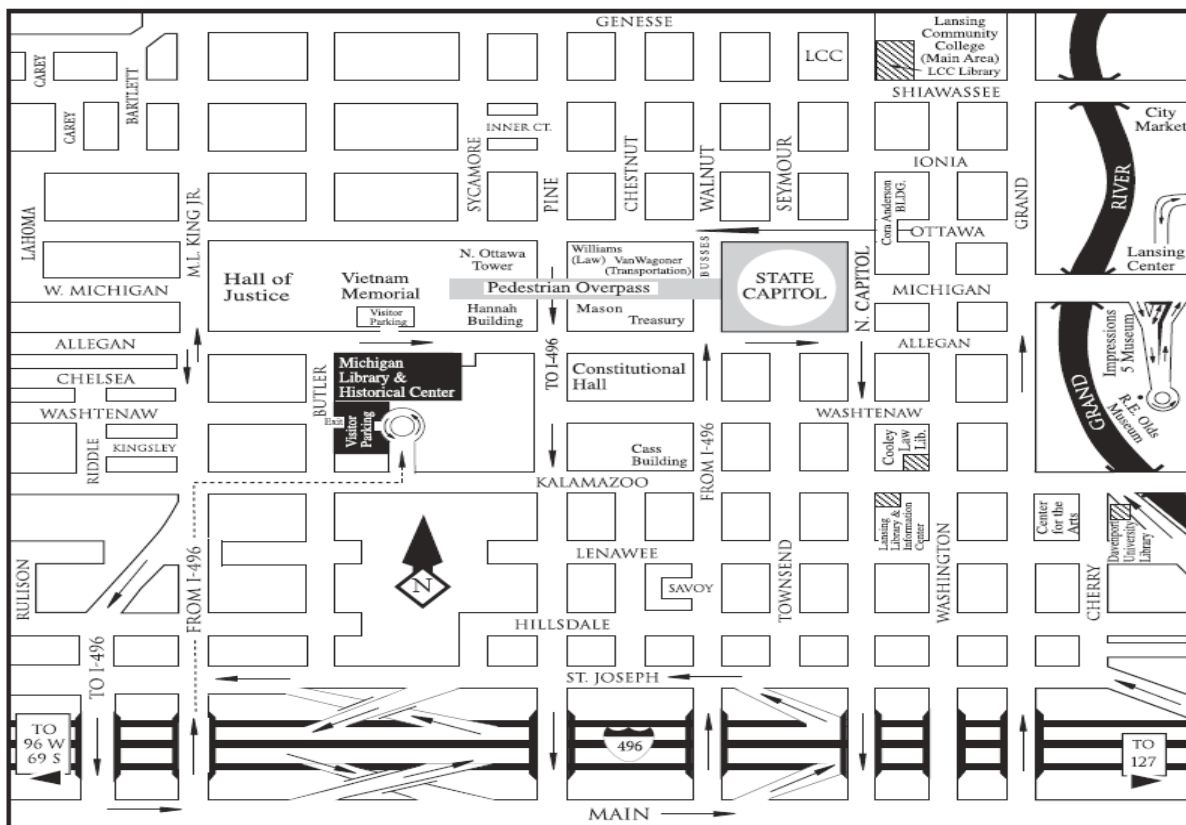
DIRECTIONS TO THE STATE OF MICHIGAN LIBRARY, LANSING, MICHIGAN

Coming from the North - Take I-127 S. Take I-127 S to the I-496 W exit. Take I-496 to exit 5 (Martin Luther King, Jr. Blvd.). Use the far right lane on the exit ramp. Turn right onto Martin Luther King, Jr. Blvd. (North). Take Martin Luther King, Jr. Blvd. to Kalamazoo Street. Turn right on Kalamazoo Street (East). Take Kalamazoo Street one and a half blocks to the "MLHC Boulevard" (North). Turn left onto the "MLHC Boulevard." Go one way around the traffic circle to the visitor's parking lot entrance. Enter the parking lot directly from the traffic circle. Parking lot on left and building on right.

Coming from East - Take I-96 W to I-127 N. Take I-127 N to the I-496 W exit. Take I-496 to exit 5 (Martin Luther King, Jr. Blvd.). Use the far right lane on the exit ramp. Turn right on Martin Luther King, Jr. Blvd. (North). Take Martin Luther King, Jr. Blvd. to Kalamazoo Street. Turn right on Kalamazoo Street (East). Take Kalamazoo Street one and a half blocks to the "MLHC Boulevard" (North). Turn left onto the "MLHC Boulevard." Go one way around the traffic circle to the visitor's parking lot entrance. Enter the parking lot directly from the traffic circle. Parking lot on left and building on right.

Coming from South - Take I-127 N to I-496 W. Take I-496 to exit 5 (Martin Luther King, Jr. Blvd.). Use the far right lane on the exit ramp. Turn right on Martin Luther King, Jr. Blvd. (North). Take Martin Luther King, Jr. Blvd. to Kalamazoo Street. Turn right on Kalamazoo Street (East). Take Kalamazoo Street one and a half blocks to the "MLHC Boulevard" (North). Turn left onto the "MLHC Boulevard." Go one way around the traffic circle to the visitor's parking lot entrance. Enter the parking lot directly from the traffic circle. Parking lot on left and building on right.

Coming from West - Take I-96 E to I-496 E. Take I-496 E to exit 5 (Martin Luther King, Jr. Blvd.). Use the far left lane on the exit ramp. Turn left onto Martin Luther King, Jr. Blvd. (North). Take Martin Luther King, Jr. Blvd. to Kalamazoo Street. Turn right on Kalamazoo Street (East). Take Kalamazoo Street one and a half blocks to the "MLHC Boulevard" (North). Turn left onto the "MLHC Boulevard." Go one way around the traffic circle to the visitor's parking lot entrance. Enter the parking lot directly from the traffic circle. Parking lot on left and building on right.



PUBLIC EDUCATION AND CONSUMER INVOLVEMENT

Charge to Workgroup

- Review and monitor the implementation of recommendation # 4 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving access to a quality array of long-term care, services, and supports.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that promote meaningful consumer participation and education.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background - Task Force Recommendation # 6: Promote Meaningful Consumer Participation and Education by Creating a Long-Term Care Commission and Informing the Public about the Available Array of Long-Term Care Options.

Strategies / Action Steps

Create a Michigan Long-Term Care Commission to provide meaningful consumer oversight and accountability to the state's reform and rebalancing of the long-term care system.

Recommended Actions

All stakeholders will have meaningful roles in the ongoing planning, design, implementation, and oversight efforts to achieve the recommendations of the Michigan Medicaid Long-Term Care Task Force and the long-term care efforts of the state. Consumers, families, and their representatives will be the principal participants.

Educate consumers, families, service providers, and the general population about the array of long-term care options available so that consumers can make informed choices and plan for the future.

The goals of the public awareness and education campaign are:

1. Increase awareness of the SPE agencies through uniform “branding” of local agencies throughout the state (with uniform naming and logo, a single web site, and a geo-routed toll free number).
2. Increase awareness among consumers, prospective consumers, providers, faith-based communities, other community organizations, neighbors, friends, and family members of LTC services that consumers can choose from the array of LTC supports, determine their needs through the person-centered planning process, and have the option to control and direct their supports.
3. Authorize continuing education for professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) on the role of the

SPE agency, the value of the person-centered planning process, the array of long-term supports available, and options for consumers to direct and control their supports. These professionals can direct individuals to the single point of entry and support them in making informed choices and planning for their future.

4. Assure that state employees involved in any aspect of LTC are provided mandatory training on the value of the person-centered planning process, the array of LTC supports available, and options for consumers to direct and control their supports.
5. Provide an orientation to legislators and their aides and officials in the executive branch on the value of person-centered planning, the array of long-term supports available, and options for consumers to direct and control their supports.
6. Create an educational program for children K-12 to learn about career opportunities in direct care and other aspects of LTC, and the components of the new LTC system (the array of long-term care supports available, the value of the person-centered planning process, and options for consumers to direct and control their supports) so that children can share this information with their family members.

Strategies / Action Steps

1. Develop criteria for and authorize hiring of a social marketing firm to develop a marketing and public awareness campaign that includes the following components:
 - a. Uniform identity including name and logo for the single point of entry agencies;
 - i. Public awareness campaign that includes radio and television public service announcements, print ads,

brochures, and other appropriate educational materials; and

- ii. Local media and awareness tool kit that single point of entry agencies can use to outreach to and raise awareness among all stakeholders.
2. Develop criteria for and authorize hiring of a web design firm and an expert in creating materials for the targeted populations (e.g., seniors and people with a variety of disabilities) to design an informative, user friendly web site that can serve as a single point of information regarding LTC in Michigan. This web site will maintain the look, name, and logos developed for the marketing and public awareness campaign. The web site will include comprehensive information on LTC, have well-developed keywords and navigation capabilities, and be linked to major search engines and other relevant web sites in a way that makes them easily accessible.
3. Establish criteria for and authorize the development of curricula for education of professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) that can be included in academic programs and continuing education requirements for licensing and/or certification and will be implemented over time.
4. Establish criteria for and authorize development of a variety of training and educational materials targeted to the specific groups described above (state employees involved in long term care, legislators and their aides, and children K-12).

Benchmarks

1. Development of campaign materials including radio and television public service announcements, print ads, brochures, and other appropriate educational materials.
2. Dissemination of campaign materials:
 - a. Measured by number of media placements and numbers of materials distributed.
 - b. Measured by the impact as identified by consumers, family members, and professionals that interact with the Single Point of Entry agencies.
3. Development of curricula targeted to the identified professional and educational groups.
4. Implementation of curricula targeted to the identified professional and educational groups.
5. Measured by the number of individuals that complete a curriculum or other educational program.
6. Measured by the referrals to the SPE by the professionals.
7. Measured by consumer reporting of the content of the professional interaction (i.e., if and how the professional made a referral to the SPE and whether the professional described the potential for consumer choice and control).

UPDATED - USE THIS VERSION

CONSUMER TASK FORCE MISSION STATEMENT MEMBER INPUT

1. What makes the Consumer Task Force unique from other groups?

We are a disabled group of individuals who share comments, feedback, and try to help one another in our own community as well as the future generations of the disabled.

It is consumer led.

I think the CTF has done much in the past year to strengthen consumer control. To maintain, I think the CTF might adopt requirements about number of consumers/non-consumers, something like 2/3 consumer and 1/3 other, or perhaps providers should send consumer representatives instead of staff?

It performs a unique role in providing OLTCSS consumer feedback on grants and projects.

It brings people together across the state to share information and provides training for people with disabilities.

CTF is unique in that it is led by and for people who currently use or will in the near future; utilize long term care services for themselves or for someone close to them. There are many possible functions that CTF could develop, such as consulting with agencies and organizations on LTC concerns. I would like to see the members exchange information within the group via individual presentations and solicit presenters that may answer any questions that the members may have. Currently, presenters just inform the group of new programs or policy, the group is never asked for specific input. I believe that we should be asked and be prepared to give insight and opinions on State LTC policy and program planning. We could also select 2-3 goals that we would like to work on and strategize a plan to accomplish them.

I believe there is a true vested interest by all members in improving the LTC system. There is also a sense of respect among all members and a desire to ensure that everyone understands.

2. What do you see as the main functions of the CTF?

Advocates changing laws and policies to make life fair/equal for all people

Sharing from other CTF Members, then taking that information back to our counties and using it.

Going to conferences to gain more experience, more knowledge to help others.

The CTF provides an opportunity for consumers to learn about programs and policy so that they can inform their constituencies and provide feedback to providers and government stakeholders.

The CTF can be a strong voice and participant in Long Term Care Commission workgroups and work toward implementation of the LTC Task Force Recommendations.

Keeping people with disabilities informed.

It is unclear to me what our specific goals are, but as a task force, there should be tasks and ideas that we are responsible for.

To provide the "real world" prospective on LTC issues and inform the office about the real issues affected user of LTC supports. Also to impact the development and implementation of grant projects.

3. Who/What are we trying to impact?

The non-disabled community to make this world better for everyone.

Service delivery by providing meaningful voice for consumer experience in the planning and decision processes.

We are trying to impact and better inform all persons with disabilities.

CTF is a separate, autonomous task force that is unbridled politically to any specific State or employment bureaucracy. It should function as an organization led by consumers and work on behalf of consumers alone.

Directly, the office staff people who work with individuals who use LTC supports, indirectly, legislators and users of LTC supports

4. Why do you think the Consumer Task Force exists?

To me it's a support group, finding the best way to live independently and trying to be inclusive with the community.

Originally to provide input to grant development process, now to more broadly provide format for consumers to understand and participate in planning and policy changes.

To help make changes and to inform all persons with disabilities.

To ensure that the LTC system is informed by people who actually use the system.

**CONSUMER TASK FORCE
OCTOBER 2008
SYSTEM CHANGE IDEAS**

HOUSING

- Housing and LTC is always an issue
- Foreclosures have people ending up in nursing homes
- The people on SSI cannot afford to rent, they end up in assisted living.
- It's easier to find housing if use assisted living, not really the consumer's choice
- Difficult to find housing for persons with mental health issues. Many assisted living facilities are for persons with mental health issues. A "normal" consumer could end up in a facility with all persons with mental health issues.
- TBI beds have to be in assisted living facility. It is not seen as being able to be in one's own home.
- Housing - lack of affordable, accessible housing
- Lack of Section 8 vouchers. End up on wait list.

CORRECTIONS

- The state can find added funding for this project and yet not fund other initiatives that have been identified.
- 50,000 are in the prison system. A large percent will need LTC, mainly funded by Medicaid.
- The state portion of this project should come from Corrections
- Will the waiver become a dumping ground
- Corrections already has a similar project on a smaller scale
- The savings should go back into LTC
- Focus on nursing facility transitions of released prisoners already in nursing homes. Detroit has nursing homes that are all released prisoners
- Corrections has its own definition of medically fragile

ELIGIBILITY

- High qualifications on other programs such as energy assistance.
- You can spenddown in a nursing home but not in the waiver
- May meet the eligibility requirements for home help, but not be nursing home level of care. It was noted that the Deficit Reduction Act allows for home help eligibility up to 300% SSI. It is possible to use this limit only for home help services, not all Medicaid services. Many of the home help consumers are on Medicare anyway for primary services.
- Eligibility and/or availability for services is impacted when the consumer moves to another county. No statewide consistency.

NURSING FACILITIES

- There is over-screening of people in nursing home. Anecdote: Mental health dumps people in nursing homes or MIChoice if they have a physical issue.
- Timely access to durable medical equipment and assistive technology are barriers to nursing facility transition.
- Maybe make the nursing home a higher level of care than the waiver.

HOME HELP

- Make home help a tiered system depending on severity of need
- Maybe have Chris Chesney, chair of the LTC Commission workgroup on finance, listen at the next meeting for the Task Force's concerns with home help and spenddown

OTHER

- Change the term "consumer"
- Get in on the ground floor to shape policy, not react to it

CONSUMER TASK FORCE

UPDATE OF PROJECTS

DECEMBER 2008

STATE PROFILE TOOL GRANT DECEMBER 2008

The following sections have been reviewed by MDRC: Dementia, Children's Services, Office of Services to the Aging, and MSHDA. Once they have approved, the sections will be reviewed by the Office, then distributed for comments.

The Stakeholder Advisory Council will review the sections once they have been approved by the Office. Comments from the Council will be included in the Profile Tool.

LONG-TERM CARE PARTNERSHIP DECEMBER 2008

CMS has tied approval of the State Plan Amendment for this program to estate recovery. There continues to be correspondence back and forth between MSA and CMS, but no approval yet. Until the State Plan Amendment is approved, further work on this project is stalled.

DEFICIT REDUCTION ACT/MONEY FOLLOWS THE PERSON DECEMBER 2008

No update available

OSA NURSING HOME DIVERSION GRANT' DECEMBER 2008

No update available

LONG-TERM CARE CONNECTIONS

DECEMBER 2008

Month of October 2008 - All Long Term Care Connections

Services and Staffing Report

	Actual				
	SWMLTCC	WMCLTCC	DWCLTCC	UPLTCC	Totals
I and A Calls					
Long Term Care Contacts	984	858	702	350	2894
Contacts Referred to Options Counselors	131	135	329	273	868
Total Contacts	1115	993	1031	623	3762
Resource Database					
Resource availability by county/city	803	2124	371	707	4005
Options Counseling Cases					
Options Counseling Cases Opened	87	139	279	83	588
Cases Closed	54	79	148	103	384
Cases Continuing Open	657	1030	2626	625	4938
Level of Care Determinations	344	385	374	173	1276
Community Education Presentations					
Number of Presentations	3	4	2	251	260
Number Present	146	130	150	15	441
Outreach Activities					
Number of Activities	12	3	1	7	23
Number of brochures distributed	425	2105	235	350	3115
Stakeholder Meetings					
Number of Meetings	10	2	22	1	35
Number of Participants	28	31	55	18	132
Partnership agreements	0	55	0	0	55
Board Meetings					
Number of Meetings	1	1	1	1	4
Number of Total Board Members	9	8	13	8	38
Number of Board Members Present	8	5	5	7	25
Consumer Advisory Board (CAB) Meetings					
Number of Meetings	0	1	1	1	3
Number of Total CAB Members	13	10	26	12	12
Number of CAB Members Present	0	6	13	8	8
Nursing Facility Transitions					
Transferred to Waiver	24	5	3	3	35
Transferred to CIL	4	3	17	1	25
Transitioned by LTCC	13				
Opened	58	0	23	12	93
Completed	9	0	0	3	12
Continuing	98	0	3	23	124
Requests for Emergent Services	0	0	0	4	4

MEDICAID INFRASTRUCTURE GRANT (MIG) UPDATE: DECEMBER 2008

There are presently 1112 Freedom to Work (FTW) participants.

Tony Wong, Jill Gerrie, and Joe Longcor met with Medical Services Administration (MSA) to discuss next steps to support a proposed Freedom to Work amendment. Representative Schuitmaker's aide was not able to attend. MSA has started to review Aged & Disabled Care (AD Care) in preparation of transitioning eligible working AD Care participants to FTW. They are reviewing cases by county. It was agreed that MSA would pool together potential FTW participants from one or more counties, send the Department of Human Services (DHS) notice of the transition, and send a letter about 30 days in advance of the change advising each person about being moved to FTW and the advantages as well as possible implications. This will continue until individuals in each county are transitioned into FTW. This will be the hierarchy as the new Bridges (DHS web-based program) is implemented. Jill and Tony had a follow up meeting with Representative Schuitmaker's office on November 20 to discuss next strategies.

The Project Search steering committee met on November 17 to work on principles and standard expectation documents to help provide direction to Michigan communities interested in starting a Project Search initiative. Susie from Project Search in Cincinnati, OH attended this meeting. The six or seven statewide initiatives met with Susie in the afternoon to share successes, challenges, and plan how to effectively move forward. Jill Gerrie is the coordinator of this steering committee.

Key upcoming events hosted by the MIG:

- Developing Long-Term Benefits Planning Strategies in MI, December 4 & 5
- Developing a Michigan specific benefits planning web-portal and calculators led by work team from World Institute on

Disabilities in CA, December 8 & 9. Will also include a meeting with the Council of Michigan Foundations and United Way MI to discuss how this endeavor will complement present work to expedite and improve the application (pre-eligibility) process for individuals.

- Increasing business opportunities for Michigan businesses owned by persons with disabilities. Initial meeting with the MI Business Leadership Network, the Abilities Fund, and Doug Spade & Mike Clements to discuss a national initiative to advance marketing/supplier opportunities and ultimately employ more people with disabilities. Date to be determined.

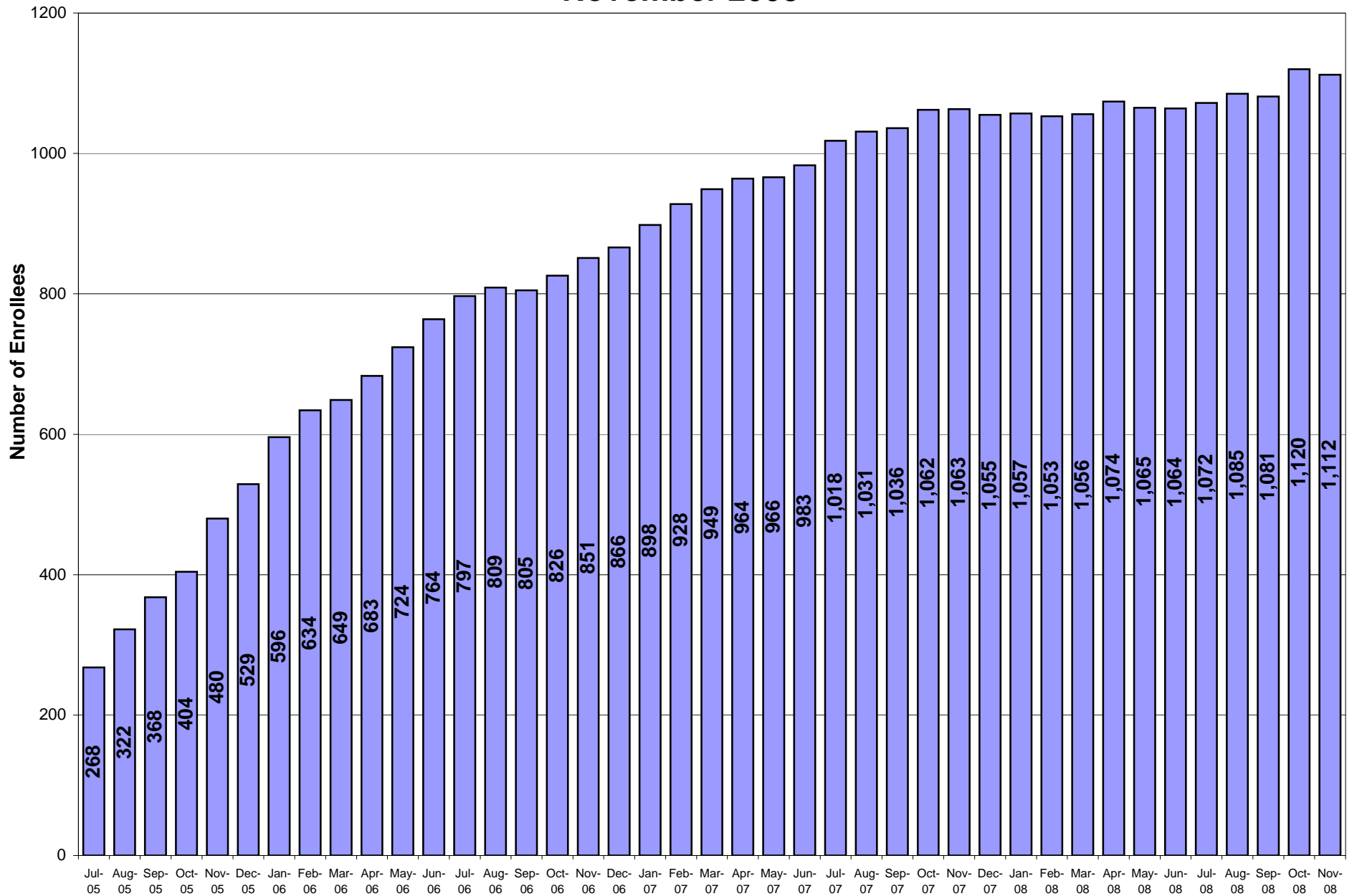
**FREEDOM TO WORK
MONTHLY ENROLLMENT
NOVEMBER 2008**

County Code	County Name	COUNT
1	Alcona	3
2	Alger	1
3	Allegan	15
4	Alpena	6
5	Antrim	4
6	Arenac	3
7	Baraga	2
8	Barry	6
9	Bay	33
10	Benzie	2
11	Berrien	27
12	Branch	8
13	Calhoun	42
14	Cass	5
15	Charlevoix	6
16	Cheboygan	2
17	Chippewa	14
18	Clare	3
19	Clinton	6
20	Crawford	1
21	Delta	12
22	Dickinson	8
23	Eaton	23
24	Emmet	6
25	Genesee	32
26	Gladwin	1
27	Gogebic	3
28	Grand Traverse	20
29	Gratiot	3
30	Hillsdale	7
31	Houghton	8
32	Huron	5
33	Ingham	50
34	Ionia	2
36	Iron	2
37	Isabella	3
38	Jackson	13

County Code	County Name	COUNT
39	Kalamazoo	57
40	Kalkaska	2
41	Kent	106
44	Lapeer	9
45	Leelanau	2
46	Lenawee	14
47	Livingston	6
48	Luce	1
49	Mackinac	1
50	Macomb	65
51	Manistee	6
52	Marquette	15
53	Mason	4
54	Mecosta	9
55	Menominee	6
56	Midland	12
58	Monroe	16
59	Montcalm	4
60	Montmorency	2
61	Muskegon	42
62	Newaygo	5
63	Oakland	104
64	Oceana	1
65	Ogemaw	4
66	Ontonagon	1
67	Osceola	1
69	Otsego	8
70	Ottawa	25
72	Roscommon	1
73	Saginaw	10
74	St. Clair	9
75	St. Joseph	10
76	Sanilac	2
78	Shiawassee	14
79	Tuscola	5
80	VanBuren	5
81	Washtenaw	40
82	Wayne	100
83	Wexford	1
	TOTAL	1112

Michigan FTW Enrollees

November 2008



MICHIGAN QUALITY COMMUNITY CARE COUNCIL
Executive Director's Report
November 17, 2008

Training

Scott Heinzman and Jean Brisbo co-facilitated a Consumers as Employers class in Livonia. Three out of six people attended. Evaluations are not available yet since the last class is on November 18th.

The Culture of Cleaning had 17 attendees in Bay County on Friday.

DDI has finished the writing of the pre and post tests, the demographics survey, and the satisfaction survey for the trainings they are evaluating this year.

Quality Management Software

Staff met with Social Solutions on November 12th. The goal was to clarify what data would be collected and compared by the ETO (Efforts to Outcomes) software. The staff were required to fill out Program Charts for each item being measured through ETO. Lisa Goldstein, our implementation manager, will send us the altered program charts sometime this week. In a few weeks, we will receive a Blueprint from the Social Solutions strategic team giving us idea on the flow of data, new or different measurements and comparisons, and other ideas to optimize ETO. If any Board members would like any of those charts or information, please let Susan know, and she will send it when it is available.

As part of the evaluation, there are Provider and Consumer Satisfaction surveys. The Executive Board would like those surveys done by phone by an outside agency. The staff are looking at the budget to accommodate this directive.

Audit

The Audit is going well. Amber DeClerq, the auditor assigned to us, has given us some preliminary feedback that we would like to implement sooner rather than later. One item requires Board action for consistency. That item is to have a second signature of approval on any proposed debit or EFT transactions over \$500.00. We have yet to do an EFT but we do use the debit/check card for office supply purchases. By making this addition to our Financial Policy, our debit card and EFT policy will mirror our check signing policy.

Unemployment Project

There will be no report this month. The timing of the incoming data did not work with our deadlines.

October 08

**Michigan Quality Community Care Council
Consumers, Referrals, and Providers,
by County**

County #	County Name	HH* Consumers	# Served as of 10/31/08	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served from report of 9/30/08	Increase in # Served	Percent Increase	Providers Available
1	Alcona	42	1	2.38%	1	2.38%	1	0	0.00%	1
2	Alger	24	0	0.00%	0	0.00%	0	0	0.00%	1
3	Allegan	250	7	2.80%	6	2.40%	7	0	0.00%	4
4	Alpena	127	1	0.79%	1	0.79%	1	0	0.00%	0
5	Antrim	99	1	1.01%	1	1.01%	1	0	0.00%	1
6	Arenac	170	21	12.35%	21	12.35%	18	3	16.67%	5
7	Baraga	50	0	0.00%	0	0.00%	0	0	0.00%	0
8	Barry	169	0	0.00%	0	0.00%	0	0	0.00%	3
9	Bay	727	104	14.31%	99	13.62%	101	3	2.97%	49
10	Benzie	78	0	0.00%	0	0.00%	0	0	0.00%	3
11	Berrien	798	3	0.38%	1	0.13%	3	0	0.00%	5
12	Branch	114	0	0.00%	0	0.00%	0	0	0.00%	2
13	Calhoun	662	0	0.00%	0	0.00%	0	0	0.00%	1
14	Cass	173	1	0.58%	1	0.58%	1	0	0.00%	2
15	Charlevoix	81	1	1.23%	1	1.23%	1	0	0.00%	0
16	Cheboygan	174	0	0.00%	0	0.00%	0	0	0.00%	1
17	Chippewa	173	0	0.00%	0	0.00%	0	0	0.00%	0
18	Clare	180	6	3.33%	5	2.78%	6	0	0.00%	1

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

October 08

**Michigan Quality Community Care Council
Consumers, Referrals, and Providers,
by County**

County #	County Name	HH* Consumers	# Served as of 10/31/08	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served from report of 9/30/08	Increase in # Served	Percent Increase	Providers Available
19	Clinton	124	2	1.61%	2	1.61%	2	0	0.00%	12
20	Crawford	64	3	4.69%	1	1.56%	3	0	0.00%	0
21	Delta	218	0	0.00%	0	0.00%	0	0	0.00%	1
22	Dickinson	134	0	0.00%	0	0.00%	0	0	0.00%	0
23	Eaton	282	15	5.32%	13	4.61%	15	0	0.00%	9
24	Emmet	130	0	0.00%	0	0.00%	0	0	0.00%	0
25	Genesee	2796	110	3.93%	108	3.86%	106	4	3.77%	84
26	Gladwin	153	1	0.65%	0	0.00%	1	0	0.00%	0
27	Gogebic	52	0	0.00%	0	0.00%	0	0	0.00%	0
28	Grand Traverse	212	2	0.94%	1	0.47%	2	0	0.00%	5
29	Gratiot	136	1	0.74%	0	0.00%	1	0	0.00%	2
30	Hillsdale	190	5	2.63%	5	2.63%	4	1	25.00%	2
31	Houghton	135	0	0.00%	0	0.00%	0	0	0.00%	1
32	Huron	129	4	3.10%	4	3.10%	4	0	0.00%	9
33	Ingham	1277	160	12.53%	111	8.69%	158	2	1.27%	27
34	Ionia	216	18	8.33%	16	7.41%	17	1	5.88%	6
35	Iosco	133	0	0.00%	0	0.00%	0	0	0.00%	3
36	Iron	96	0	0.00%	0	0.00%	0	0	0.00%	1

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

October 08

**Michigan Quality Community Care Council
Consumers, Referrals, and Providers,
by County**

County #	County Name	HH* Consumers	# Served as of 10/31/08	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served from report of 9/30/08	Increase in # Served	Percent Increase	Providers Available
37	Isabella	276	3	1.09%	3	1.09%	2	1	50.00%	3
38	Jackson	699	4	0.57%	3	0.43%	3	1	33.33%	4
39	Kalamazoo	1150	2	0.17%	0	0.00%	2	0	0.00%	7
40	Kalkaska	76	0	0.00%	0	0.00%	0	0	0.00%	1
41	Kent	1982	75	3.78%	56	2.83%	71	4	5.63%	30
42	Keweenaw	13	0	0.00%	0	0.00%	0	0	0.00%	0
43	Lake	106	3	2.83%	2	1.89%	3	0	0.00%	3
44	Lapeer	159	2	1.26%	2	1.26%	2	0	0.00%	15
45	Leelanau	15	0	0.00%	0	0.00%	0	0	0.00%	2
46	Lenawee	249	1	0.40%	0	0.00%	1	0	0.00%	4
47	Livingston	229	4	1.75%	4	1.75%	4	0	0.00%	4
48	Luce	34	2	5.88%	2	5.88%	2	0	0.00%	0
49	Mackinac	33	1	3.03%	1	3.03%	1	0	0.00%	0
50	Macomb	3634	133	3.66%	131	3.60%	129	4	3.10%	169
51	Manistee	189	0	0.00%	0	0.00%	0	0	0.00%	3
52	Marquette	212	0	0.00%	0	0.00%	0	0	0.00%	3
53	Mason	109	0	0.00%	0	0.00%	0	0	0.00%	4
54	Mecosta	253	1	0.40%	1	0.40%	1	0	0.00%	7

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55	Menominee	151	1	0.66%	0	0.00%	1	0	0.00%	1
56	Midland	348	1	0.29%	1	0.29%	1	0	0.00%	12
57	Missaukee	45	1	2.22%	1	2.22%	1	0	0.00%	0
58	Monroe	377	0	0.00%	0	0.00%	0	0	0.00%	3
59	Montcalm	268	6	2.24%	4	1.49%	6	0	0.00%	9
60	Montmorency	61	0	0.00%	0	0.00%	0	0	0.00%	1
61	Muskegon	943	3	0.32%	3	0.32%	3	0	0.00%	9
62	Newaygo	296	10	3.38%	10	3.38%	10	0	0.00%	13
63	Oakland	3853	167	4.33%	158	4.10%	166	1	0.60%	165
64	Oceana	155	3	1.94%	1	0.65%	3	0	0.00%	6
65	Ogemaw	278	0	0.00%	0	0.00%	0	0	0.00%	1
66	Ontonagon	43	1	2.33%	1	2.33%	1	0	0.00%	0
67	Osceola	152	0	0.00%	0	0.00%	0	0	0.00%	5
68	Oscoda	52	1	1.92%	1	1.92%	1	0	0.00%	1
69	Otsego	173	18	10.40%	14	8.09%	18	0	0.00%	2
70	Ottawa	272	11	4.04%	9	3.31%	11	0	0.00%	9
71	Presque Isle	48	0	0.00%	0	0.00%	0	0	0.00%	0
72	Roscommon	182	1	0.55%	1	0.55%	1	0	0.00%	1

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County #	County Name	HH* Consumers	# Served as of 10/31/08	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served from report of 9/30/08	Increase in # Served	Percent Increase	Providers Available
73	Saginaw	1389	92	6.62%	87	6.26%	89	3	3.37%	76
74	St. Clair	587	7	1.19%	6	1.02%	7	0	0.00%	20
75	St. Joseph	189	0	0.00%	0	0.00%	0	0	0.00%	1
76	Sanilac	216	2	0.93%	2	0.93%	2	0	0.00%	9
77	Schoolcraft	68	0	0.00%	0	0.00%	0	0	0.00%	0
78	Shiawassee	257	18	7.00%	18	7.00%	18	0	0.00%	8
79	Tuscola	192	1	0.52%	1	0.52%	1	0	0.00%	11
80	VanBuren	365	39	10.68%	36	9.86%	36	3	8.33%	13
81	Washtenaw	1010	29	2.87%	25	2.48%	28	1	3.57%	20
82	Wayne	18729	100	0.53%	57	0.30%	93	7	7.53%	324
83	Wexford	177	3	1.69%	2	1.13%	3	0	0.00%	4
Total		50862	1213	2.38%	1041	2.05%	1174	39	3.32%	

Percentage of Consumers served, referred by DHS.

85.82%

**Numbers based on data from July, 2008.*

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

SELF DETERMINATION IN LONG TERM CARE

DECEMBER 2008

Enrollment Update

Total – 600

400 female, 200 male

85 - ages 50 or less

95 - ages 50-59

106 - ages 60-69

126 - ages 70-79

175 - ages over 80

Reasons for Disenrollments from Self-Determination

Death

Choice

Nursing Facility

Moved

Number by Waiver Agent

NHCM	10
Region14 Area Agency on Aging	8
Area Agency on Aging of Northwest Michigan	21
Region 3B Area Agency on Aging	99
Region 2 Area Agency on Aging	30
Region 1B Area Agency on Aging	17
Region 4 Area Agency on Aging	25
Region 8 Area Agency on Aging	4
TriCounty Office on Aging	68
The Senior Alliance	12
UPCAP	102
Detroit Area Agency on Aging	173
Senior Services Inc.	1
The Information Center	12
A&D Home Health Care	3
Northern Michigan Regional Health System	1
Northeast Michigan Community Service Agency, Inc.	1
Macomb Oakland Regional Center	7

CONSUMER TASK FORCE 2009 SCHEDULE

MICHIGAN QUALITY COMMUNITY CARE COUNCIL
3186 PINE TREE ROAD
LANSING, MICHIGAN 48911

FEBRUARY 24, 2009
APRIL 28, 2009
JUNE 23, 2009
AUGUST 25, 2009
OCTOBER 27, 2009
DECEMBER 22, 2009

*Location subject to change with advance notice

CONFERENCE CALL-IN PHONE NUMBER
1-877-873-8018 PASSCODE: 7989381

DCH CONTACT

Jackie Tichnell

517-335-7803

tichnellj@michigan.gov

CONSUMER TASK FORCE
DECEMBER 2009
INTEREST FORM
PLEASE PRINT

NAME: _____

IF YOU ARE EMPLOYED BY AN ORGANIZATION, PLEASE
NAME THE ORGANIZATION: _____

WHAT INTERESTS YOU ABOUT MEDICAID: _____

WHAT INTERESTS YOU ABOUT PUBLICALLY-FUNDED
LONG-TERM CARE: _____

OTHER MEDICAID OR LONG-TERM CARE GROUPS DO YOU
SERVE ON: _____

WHAT SPECIFIC ITEMS WOULD YOU LIKE TO SEE
ADDRESSED AT FUTURE CTF MEETINGS: _____
